



Instructions for Completing the Applicant Background Information Form

Please choose the entity which best describes the applicant and submit the applicable information on the Applicant Background Information Form (DEP-APP-008) in the appropriate section. Be sure to indicate by checking the appropriate box on the form whether you are attaching additional sheets. **You must choose one of the following:**

Corporation: If the applicant is a *corporation*, please submit the following information attached to this sheet:

1. The name, address, phone numbers and contact name for its parent corporation, if any;
2. The name, address, phone numbers and contact name for its subsidiary corporations, if any;
3. The name, address and phone number for each of its directors;
4. The name, title, address and phone number for each of its officers;

Limited Liability Company: If the applicant is a *limited liability company*, please submit the following information attached to this sheet:

1. The name, address, phone number and contact name for each member; and
2. The name, address, phone number and contact name of any manager(s) who, through the articles of organization, are vested the management of the business, property and affairs of the limited liability company.

Limited Partnership: If the applicant is a *limited partnership*, please submit the following information attached to this sheet:

1. The name, address, phone number and contact name for each general partner; and

2. The name, address, phone number and contact name for each limited partner.

General Partnership: If the applicant is a *general partnership*, please submit the following information attached to this sheet:

The name, address, phone number and contact name for each general partner.

Voluntary Association: If the applicant is a *voluntary association*, which association is not a corporation or a limited or general partnership, please submit the following information attached to this sheet:

Identify any persons authorized by law to act for such association, or, if no such persons are authorized then identify all members of the association. Include the names, addresses and phone numbers of all persons identified.

Individual or other business not listed above: If the applicant is an **individual** or other business not listed above, please submit the following information attached to this sheet:

The name, address and phone number of the person or persons who will be legally responsible for compliance with the permit once it is issued. Also, state any other names by which the applicant is or has been known, including business names.